

Case Report

Huge endometrioma with severe ascites mimicking ovarian cancer

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Abstract

Ovarian endometrioma accompanying with elevated levels of serum tumor antigens and free peritoneal fluid may be misdiagnosed as ovarian cancer. A 40 year-old nulliparous woman was referred to our clinic with 15x15x12.4 cm and 6x4x3.7 cm hypoechoic right adnexal and 7.3x3.8x3.2 cm hypoechoic left adnexal mass accompanying with excessive free fluid at poche of douglas and elevated levels of serum CA125 (143.72 U/mL) mimicking ovarian cancers. Laparoscopy was performed. Ruptured right ovarian endometrioma and unruptured bilateral ovarian endometrioma adherent to sigmoid colon and omentum were observed. Right adnexectomy, left ovarian cystectomy and bridectomy was performed. Histological examination confirmed the diagnosis of endometrioma. Adnexal mass with free peritoneal fluid and high levels of tumor antigen CA125 mimicking ovarian cancer has been rarely diagnosed as endometrioma.

Key words:

CA125, CA19-9, endometriosis, endometrioma, ovarian carcinoma

Introduction

Endometriosis is a relatively common disease with the estimated prevalence of 10-20% among the reproductive aged women [1]. It is defined as the presence of endometrial tissue outside the uterine cavity; usually existing on ovaries, recto-vaginal septum and peritoneum [2]. Pelvic pain, dysmenorrhea, dyspareunia and infertility are common clinical presentations however endometriosis has different clinical manifestations and locations [2]. Serum CA125 is a tumor antigen commonly elevated in cases of endometrioma; however, levels above 100 IU/ml are rarely observed [3]. A definite diagnosis is confirmed by pathological assessment.

In this case presentation, we reported a patient with huge endometrioma with severe peritoneal fluid and elevated levels of serum CA125 mimicking ovarian cancer.

Case presentation

A 40 year-old woman was referred to our clinic with

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bilateral adnexal masses accompanying with excessive free peritoneal fluid and elevated levels of serum tumor antigens CA125. Pelvic examination was normal except minimal tenderness on the right side. Rectal examination revealed fixed and elastic bilateral adnexal masses. Abdominopelvic sonography revealed 15x15x12.4 cm hypoechoic and 6x4x3.7 cm hypoechoic right adnexal and 7.3x3.8x3.2 cm hypoechoic left adnexal mass accompanying with excessive free fluid at poche of douglas. Uterus was normal in size and echogenity. We investigated the visceral organs with sonography and did not view any pathological findings. She was at the late luteal phase of her menstrual period. She had regular menstrual cycle and no gynecologic disorder in her past medical history.

At laboratory; whole blood count, urinalysis, C-reactive protein, liver and renal functional tests were normal. Serum CA125 level was 143.72 U/mL. Operative laparoscopy was performed and ruptured right ovarian cyst (15x15 x12.4 cm) consistent with endometrioma was noted. Also 6x4x3.7 cm right ovarian and 7.3x3.8x3.2 cm left ovarian endometrioma was observed. Approximately two liters of thick and brown coloured fluid was aspirated. Uterosacral ligament, posterior corpus uteri and peritoneal surfaces were covered with endometriotic foci. After peritoneal washing and adhesiolysis, right adnexectomy and left ovarian cystectomy was performed. Histological examination confirmed the diagnosis of endometrioma. Rapid decrease was recognized at serum levels of CA125 after surgery.

Discussion

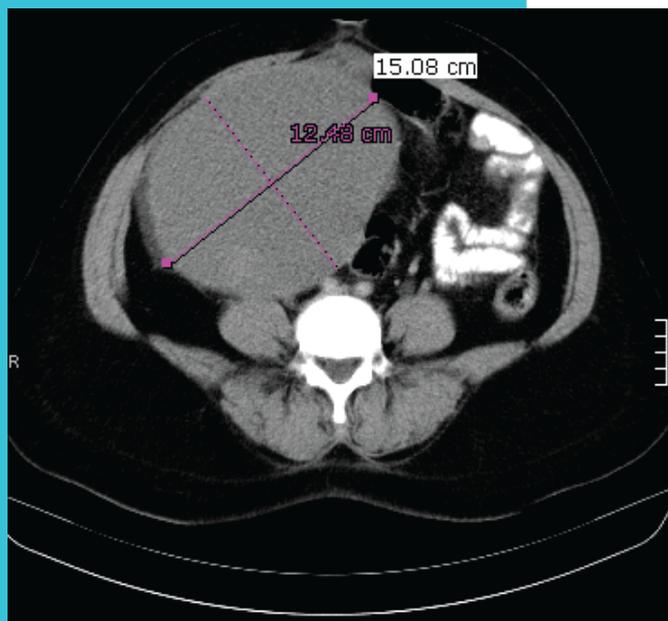
Endometriosis is defined as presence of endometrial tissue outside the uterine cavity; generally presented at ovaries, cul de sac, broad ligament and uterosacral ligament [1, 2, 3]. Although commonly presented at pelvis, it may be observed at distant sites as brain, lungs, sigmoid colon, ileum and subcutaneous tissue [4]. Common symptoms presented at endometriosis are pelvic pain, dysmenorrhoea and dyspareunie; however, unusual presentations such as cyclic hemoptysis, hematochesia, headache may be observed [4]. Definite diagnosis is confirmed by pathological assessment. Although serum CA125 level commonly rises up in endometriosis, it rarely exceeds 100 U/ml". Moreover serum CA125 concentration rises above 35 U/ml in more than 80% of patients with epithelial ovarian tumors [5],

In literature patients with huge adnexal masses accompanying with massive peritoneal fluid and elevated levels of serum CA 125 have been rarely reported as endometrioma [2, 6]. Those cases were commonly misdiagnosed as ovarian carcinoma especially in patients with accompanying ascites and elevated levels of serum CA125. In our case we reported 40 year-old female with huge right adnexal mass accompanying with peritoneal free fluid and elevated levels of serum CA125 who was operated with the suspicions of ovarian carcinoma. The exact diagnosis was endometrioma. In conclusion, we should always keep in mind endometriosis as differential diagnosis in premenopausal women with adnexal masses with unusually elevated serum tumor markers.

Conflict of interest statement

The authors declare no conflict of interest.

Figure 1.



Computed tomography of the abdomen revealed a well-defined cystic mass measuring 12.48x15.08 cm, which occupied the pelvic cavity

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